

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

201855

State Form 44593 (R2 / 8-99)

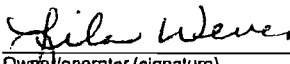
I. TYPE OF NOTIFICATION (check one):		Original _____	Revised <u>#9</u>	Canceled _____	RECEIVED _____
* Must include copy of notification which is being revised: <u>State of Indiana</u>					
II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>City of East Chicago</u>			JUL 27 2016		
Address: <u>4444 Railroad Ave</u>			Dept of Environmental Management State of Indiana		
City: <u>East Chicago</u>		State: <u>IN</u>		Zip: <u>46312</u>	
Contact: <u>Winna Guzman</u>			Telephone #: <u>219-391-8294</u>		
Removal Contractor: <u>n/a</u>			Demolition Contractor: <u>Actin</u>		
Address: _____			Address: <u>PO Box 518</u>		
City: _____		State: _____		Zip: _____	
City: <u>East Chicago</u>		State: <u>IN</u>		Zip: <u>46312</u>	
Contact: _____		Phone: _____		Contact: <u>Michael Lopez</u>	
Phone: _____		Phone: <u>219-397-5020</u>			
IN License #: _____			Expiration: _____		
IN License #: _____			Expiration: _____		
Inspector: <u>Dragan Vjestica</u>			(Required for asbestos projects at schools K - 12)		
Address: <u>1106 Camellia</u>			Project Designer: <u>n/a</u>		
City: <u>Munster</u>			Address: _____		
State: <u>IN</u>		Zip: <u>46321</u>		City: _____	
State: _____		Zip: _____		State: _____	
IN License #: <u>19A004656</u>		Expiration: <u>3/21/15</u>		IN License #: _____	
Phone: <u>219-670-2912</u>		Phone: _____		Expiration: _____	
III. TYPE OF OPERATION (check one)					
Intentional Burning: _____		Renovation: _____		Emergency Renovation: _____	
Demolition: <u>x</u>		Ordered Demolition: _____			
IV. IS ASBESTOS PRESENT? (check one) YES: _____ NO: <u>x</u>					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL					
Licensed Inspector performed inspection					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>n/a</u> End: _____					
VIII. SCHEDULED DATES OF RENOVATION: Start: <u>n/a</u> End: _____ DEMOLITION: Start: <u>3/10/15</u> End: <u>12-31-16</u>					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>Various Structures</u>					
Street Address: <u>see attached list</u>					
City: <u>East Chicago</u>		State: <u>IN</u>		County: <u>Lake</u>	
Location of removal within building: <u>n/a</u>					
Building Size (SqFt): <u>see attached list</u>			# of Floors: <u>attached</u>		Age: <u>50+</u>
Present Use: <u>vacant</u>			Prior use: <u>attached</u>		

183100

2nd Q page 1 of 2

Dan Dorman

Cst 29300

<b>X.</b> DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED  Demolition to be performed using heavy equipment. Debris loaded into dump trucks and transported to approved and licensed facility.   	
<b>XI.</b> DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:  Demolition personnel will wet material during demolition to prevent dust emissions.   	
<b>XII.</b> DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER:  Stop work, isolate areas, notify appropriate agencies. Demolition not to resume until asbestos has been removed.   	
<b>XIII.</b> WASTE TRANSPORTER Name: <u>Actin</u> Address: <u>PO Box 518</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>	<b>XIV.</b> WASTE DISPOSAL SITE Name: <u>Allied Republic</u> Address: <u>102 W Columbus Dr</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Scalehouse</u> Phone: <u>219-398-6650</u>
<b>XV.</b> IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b). Name: <u>n/a</u> Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____	
<b>XVI.</b> FOR EMERGENCY RENOVATIONS: <u>n/a</u> Date and time of emergency: _____ Description of sudden, unexpected event: _____  Explanation of how the event caused unsafe conditions or would cause equipment damage: _____	
<b>XVII.</b> I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.  <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> Owner/operator (signature)  Lila Wever, Demolition Coordinator Owner/operator (printed)</div><div style="width: 45%; text-align: right;"><u>7-27-16</u> date  Demolition Contractor affiliation</div></div>	
***** OFFICE USE ONLY *****	
POSTMARK:	RECEIVED:
REVIEWED BY:	DEFICIENCIES:

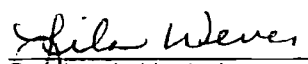
Address	Bldg Size Sq Ft	# of floors	Bldg Type
3805 Alder	5725	2	Commercial
3812 Catalpa	done 4260	1.5	Residential
3818 Catalpa	done 2517	1	Residential
3833 Pulaski	done 6402	2	Commercial
3836 Alder	done 2280	1.75	Residential

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one):		Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/> Courtesy <input type="checkbox"/>			
* Must include copy of notification which is being revised					
II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>City of East Chicago</u>					
Address: <u>4444 Railroad Ave</u>					
City: <u>East Chicago</u>		State: <u>IN</u>	Zip: <u>46312</u>		
Contact: <u>Winna Guzman</u>		Telephone #: <u>219-391-8294</u>			
Removal Contractor: <u>n/a</u>		Demolition Contractor: <u>Actin</u>			
Address: _____		Address: <u>PO Box 518</u>			
City: _____	State: _____	Zip: _____	City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u>		
Contact: _____	Phone: _____	Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>			
IN License #: _____	Expiration: _____				
Inspector: <u>Dragan Vjestica</u>		(Required for asbestos projects at schools K – 12)			
Address: <u>1106 Camellia</u>		Project Designer: <u>n/a</u>			
City: <u>Munster</u>	State: <u>IN</u>	Zip: <u>46321</u>	City: _____ State: _____ Zip: _____		
IN License #: <u>19A004656</u>	Expiration: <u>3/21/15</u>	IN License #: _____ Expiration: _____			
Phone: <u>219-670-2912</u>	Phone: _____				
III. TYPE OF OPERATION (check one)		Renovation: _____ Emergency Renovation: _____			
Intentional Burning: _____		Demolition: <input checked="" type="checkbox"/> Ordered Demolition: _____			
IV. IS ASBESTOS PRESENT? (check one)		YES: _____ NO: <input checked="" type="checkbox"/>			
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL Licensed Inspector performed inspection					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>n/a</u> End: _____					
VIII. SCHEDULED DATES OF RENOVATION: Start: <u>n/a</u> End: _____ DEMOLITION: Start: <u>3/10/15</u> End: <u>9/1/15</u>					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>Various Structures</u>					
Street Address: <u>see attached list</u>					
City: <u>East Chicago</u>		State: <u>IN</u>		County: <u>Lake</u>	
Location of removal within building: <u>n/a</u>					
Building Size (SqFt): <u>see attached list</u>			# of Floors: <u>attached</u>		Age: <u>50+</u>
Present Use: <u>vacant</u>			Prior use: <u>attached</u>		

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED</b> Demolition to be performed using heavy equipment. Debris loaded into dump trucks and transported to approved and licensed facility.	
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:</b> Demolition personnel will wet material during demolition to prevent dust emissions.	
<b>XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED POWDER:</b> Stop work, isolate areas, notify appropriate agencies. Demolition not to resume until asbestos has been removed.	
<b>XIII. WASTE TRANSPORTER</b> Name: <u>Actin</u> Address: <u>PO Box 518</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Michael Lopez</u> Phone: <u>219-397-5020</u>	<b>XIV. WASTE DISPOSAL SITE</b> Name: <u>Allied Republic</u> Address: <u>102 W Columbus Dr</u> City: <u>East Chicago</u> State: <u>IN</u> Zip: <u>46312</u> Contact: <u>Scalehouse</u> Phone: <u>219-398-6650</u>
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).</b> Name: <u>n/a</u> Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____	
<b>XVI. FOR EMERGENCY RENOVATIONS: n/a</b> Date and time of emergency: _____ Description of sudden, unexpected event: _____ Explanation of how the event caused unsafe conditions or would cause equipment damage: _____	
<b>XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">             Owner/operator (signature)            Lila Wever, Demolition Coordinator            Owner/operator (printed)         </div> <div style="width: 35%; text-align: right;">           February 24, 2015            date            Demolition Contractor            affiliation         </div> </div>	
***** OFFICE USE ONLY *****	
POSTMARK:	RECEIVED:
REVIEWED BY:	DEFICIENCIES:

**ACTIN CONTRACTING, LLC**1102 E Columbus Ave  
PO Box 518East Chicago, IN 46312  
Phone: 219-397-5020

Fax: 219-397-5028

RECEIVED

State of Indiana

JUL 27 2016

Dept of Environmental Management  
State of Indiana**FAX**

To: IDEM	From: Lila Weaver
Fax: 317-233-3257	Pages: 6
Phone:	Date: 7-27-16
Re: 3805 Alder, East Chicago Revision #9	cc:

Thank you,  
Lila Weaver  
Project Coordinator